

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Michael Stein	Confirmation No.: 5285
Serial No:	10/808,142	
Filed:	March 24, 2004	Group Art Unit: 2173
Title:	GRAPHICAL USER INTERFACES	Examiner: S.D. Alvesteffer
Docket No:	22557-3001	

Mail Stop 16
Director of the USPTO
P.O. Box 1450
Alexandria, VA 22131-1450

REFUND REQUEST UNDER 37 C.F.R. § 1.26

Dear Sir:

Applicant hereby respectfully requests a refund under 37 C.F.R. § 1.26. On January 2, 2008, Applicant filed a Response to the Final Office Action dated November 1, 2007 in the above-referenced application. Applicant mistakenly authorized the fee of \$2,780.00 to be paid for 7 new additional claims. The amount due to the Patent Office should have been \$175 (7 new claims at \$25). Applicant also mistakenly paid the additional claim fees as a large entity fee when a small entity fee should have been paid. The difference between the amount paid and the amount due is \$2,525.00. A copy of the Fee Transmittal is attached as Exhibit A. Applicant is also attaching, as Exhibit B, a copy of a Statement of Deposit Account No. 50-1901 reflecting the \$2,780.00 fee withdrawn from the account.

Accordingly, Applicant respectfully requests that the amount of \$2,525.00 for the claim fees be refunded to Deposit Account No. 50-1901 (Reference 22557-3001).

Respectfully submitted,

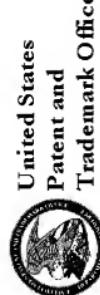
By: 

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45 South Seventh Street
Minneapolis, Minnesota 55402
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Electronic Patent Application Fee Transmittal				
Application Number:	10808142			
Filing Date:	24-Mar-2004			
Title of Invention:	Graphical user interfaces			
First Named Inventor/Applicant Name:	Michael Lewis Stein			
Filer:	Craig John Lervick/Jodi Byers			
Attorney Docket Number:	22557-3001			
Filed as Large Entity				
Utility Filing Fees				
Description		Fee Code	Quantity	Amount
Basic Filing:				
Pages:				
Claims:				
Claims in excess of 20	1202	43	50	2150
Independent claims in excess of 3	1201	3	210	630
Miscellaneous Filing:				
Petition:				
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension-of-Time:				
Miscellaneous:				
Total in USD (\$)				2780

EXHIBIT B



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Deposit Account Statement

Requested Statement Month: January 2008
 Deposit Account Number: 501901
 Name: OPPENHEIMER WOLFF & DONNELLY LLP
 Attention: BARBARA PRICE
 Street Address 1: 45 SOUTH 7TH ST, PLAZA VII STE 3300
 Street Address 2:
 City: MINNEAPOLIS
 State: MN
 Zip: 55402-1609
 Country: UNITED STATES

DATE SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEES CODE	AMT	BAL
01/02	5892 5480424	22561-3100/US	2563	\$1,955.00	\$33,686.27
01/02	5894 5480424	22561-3100/US	2566	\$65.00	\$33,621.27
01/03	259 77362598	22729/2003 CC14 7001		\$325.00	\$33,296.27
01/03	4281 10808142	22557-3001	1202	\$2,150.00	\$31,146.27
01/03	4282 10808142	22557-3001	1201	\$630.00	\$30,516.27
START	SUM OF BALANCE	CHARGES	SUM OF REPLENISH BALANCE	END	
\$35,641.27	\$5,125.00	\$0.00	\$30,516.27		

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